



## CHANGE OF PURCHASER

CURRENT PURCHASER'S NAME: \_\_\_\_\_

BENEFICIARY'S NAME: \_\_\_\_\_

PACT ACCOUNT NUMBER: \_\_\_\_\_

PACT HAS RECEIVED A REQUEST TO CHANGE PURCHASERS ON THE ABOVE REFERENCED ACCOUNT (S). IN ORDER TO PROCESS THIS REQUEST, PLEASE COMPLETE THIS FORM AND REMIT THE \$20.00 ADMINISTRATIVE FEE (FEE IS WAIVED IF CHANGE IS DUE TO DEATH OF PURCHASER) TO THE FOLLOWING ADDRESS: **PACT PROGRAM, P O BOX 12865, BIRMINGHAM AL 35202-2865.**

### PLEASE PRINT

NEW PURCHASER'S NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

RELATIONSHIP TO CURRENT PURCHASER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**TO AUTHORIZE THIS PURCHASER CHANGE, PLEASE SIGN THIS COMPLETED FORM IN THE PRESENCE OF A NOTARY. IF PURCHASER IS DECEASED, PLEASE ATTACH A COPY OF THE LETTERS TESTAMENTARY, LETTERS OF ADMINISTRATION OR THE APPROPRIATE PAGES FROM THE WILL GIVING EVIDENCE OF APPOINTMENT AS EXECUTOR, AND THE DEATH CERTIFICATE.**

\_\_\_\_\_  
CURRENT PURCHASER'S SIGNATURE

STATE OF ALABAMA

\_\_\_\_\_  
EXECUTOR'S SIGNATURE (If Purchaser is deceased)

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
DATE

THE FOREGOING INSTRUMENT WAS  
ACKNOWLEDGED BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF ALABAMA